

RCRA Compliance Evaluation Inspection (CEI)  
Bombardier Service Corp., West Virginia Air Center  
EPA ID No. WVD988776852  
Inspection date: May 12, 1998

An unannounced RCRA CEI was conducted at Bombardier Service Corp., WV Air Center on May 12, 1998. Personnel participating in or contacted during this inspection included the following:

USEPA

James L. Bailey

Environmental Scientist  
Wheeling Office

WV DEP

Joyce Moore

RCRA Inspector  
Fairmont Office

Bombardier Service Group

Alice Yearego

Administrator Safety, Environmental, and  
Facility

Robert Wright

Paint Shop Foreman

Bombardier Service Corp., WV Air Center is a generator of hazardous waste.

Aircraft of various sizes are refinished in Bay 3 at this facility. The old paint is stripped by applying (spray application) a formic acid stripper. This stripper is allowed to work for several hours. During this time period a second coat of formic acid stripper is applied.

The paint stripper and paint are removed with a pressure wash using tap water. The water, now acidic due to the formic acid goes to floor drains which drain to a 1,700 gallon stainless steel tank located in a concrete sump adjacent to Bay 3. A float switch in this tank activates a pump which transfers the liquid to a 8,000 gallon tank located in Bay 3. This tank is in a containment unit, to capture leaks and spills. This unit is on a concrete floor and the tank has a high level alarm. The 1,700 gallon tank was not labeled as containing hazardous waste.

An alodine etch is applied to the aircraft which is rinsed off with pressurized tap water. The aircraft is then dried and painted.

Waste in the form of formic acid rinse water which is hazardous due to its corrosivity (D002) and possibly chromium (D007) from the alodine application and rinse, is generated in the largest quantity. Additional hazardous waste generated includes waste paint, paint filters, waste flammable liquid, and paper towels contaminated with waste flammable liquid.

This facility used methylene chloride as a paint stripper through calendar year 1996. They switched to a formic acid based stripper prior to June 3, 1997. Their waste stream changed from

F002 to D002 at that time. However, the contractor employed to prepare the drum labels and manifests apparently was not notified of this change. The hazardous waste labels and manifests continued to identify this waste stream as methylene chloride. Nine shipments of spent formic acid stripper were manifested out to Chemical Waste Management in Vickery, Ohio as methylene chloride. These shipments occurred between June 3, 1997 and April 22, 1998. Copies of these manifests are included as Attachment No. 1 to this report. Also, the information contained in the Annual report is incorrect in that this waste stream is identified as methylene chloride and not formic acid.<sup>1</sup>

This facility practices satellite accumulation. The drum used to satellite accumulate hazardous waste in Bay 4 was not labeled as containing hazardous waste.

Drummed hazardous waste is accumulated in the designated 90 day storage area located in Bay 3. This area contained six drums on May 12, 1998. The hazardous waste included paint waste, paper towels contaminated with toluene, and paint filters. None of these drums had exceeded the 90 day accumulation time limit.

Training records were addressed as part of the inspection. Each employee's training records are reportedly maintained in their personnel file. This is too cumbersome to inspect when 306 people are reportedly given RCRA training. The facility must prepare separate training files. Alice Yearego stated that only two people were given annual RCRA training reviews in 1997. The last time everyone received annual RCRA training reviews was 1996.

This facility still generates Annual Reports. A copy of the 1997 Annual Report was obtained and is included as Attachment No. 2. This copy of the Annual Report does not include the following required information:

- ▶ Efforts undertaken during the year to reduce the volume and toxicity of the waste generated.
- ▶ Description of the volume and toxicity of the waste actually achieved during the year.

Additional information is presented in the EPA Generator Checklist which was completed during the inspection and included as Attachment No. 3.

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<sup>1</sup> The Ohio EPA was contacted on June 1, 1998 and notified that this had occurred. Copies of the nine manifests were sent to the Ohio EPA's NW Regional Office.

Summery and Comments  
Bombardier Service Corp., West Virginia Air Center

RCRA violations documented during the inspection conducted on May 12, 1998 included the following:

1. The spent formic acid (D002) wastewater was identified on nine manifests as methylene chloride (F002). This is a violation of 40 CFR 262.20(a).
2. A drum located in Bay 4 and used to satellite accumulate hazardous waste was not marked with the words "Hazardous Waste" or other words identifying the contents. This is a violation of 40 CFR 262.34(c) (1) (ii).
3. All applicable facility personnel did not take part in RCRA training annual review in 1997. Two people out of 306 were given a RCRA training review in 1997. This is a violation of 40 CFR 265.16(c).
4. The 1,700 gallon stainless steel tank located in the concrete sump and used to accumulate the spent formic acid stripper and water was not labeled as containing hazardous waste. This is a violation of 40 CFR 262.34(a) (3).
5. The 1997 Biennial Report did not contain the following required information and thereby is a violation of 40 CFR 262.41(a).
  - ▶ Effort undertaken during the year to reduce the volume and toxicity of the waste generated.
  - ▶ Description of the changes in volume and toxicity of the waste actually achieved during the year.

Area of Concern

Training records are maintained in the individual's personnel file. Reportedly 306 people receive RCRA training. Tracking the annual requirement is too burdensome as was demonstrated by the failure to provide annual training review for 304 of the 306 employees. Separate training records must be maintained.

RCRA training should include more time and emphasis on preparing and reviewing, for accuracy and completeness, hazardous waste labels and manifests.

The concrete sump containing the 1,700 gallon stainless steel tank should be thoroughly cleaned and have a coat of epoxy (or equivalent) applied to ensure it is impervious.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Bombardier Services Corp.  
dba West Virginia Air CenterEPA ID NO: LWM 101 9 18 181 7 17 161 8 15 121U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
ICIDENTIFICATION AND  
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No.

Same as label ☐ or → LWM 101 9 18 181 7 17 161 8 15 121B. County HarrisonSame as label ☐ or →

C. Site/company name

Same as label ☐ or → Bombardier Services Corp.  
dba West Virginia Air Center

D. Has the site name associated with this EPA ID changed since 1995?

☒ 1 Yes ☐ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

Same as label ☐ or →2400 Aviation Way

F. City, town, village

Same as label ☐ or →Bridgeport

G. State

Same as label ☐ or →W.V.

H. Zip Code

Same as label ☐ or →121613101-1111

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address?

☒ 1 Yes (SKIP TO SEC. III)☐ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address

C. City, town, village

D. State

11

E. Zip Code

11111-1111

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name

Yearego

First name

Alice

M.I.

G.

B. Title

Adm., Safety  
Environ. &  
Facilitie

C. Telephone Number

8104184121-6131001Extension 10106121

Sec. IV

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for know violations." Instructions page 8.

A. Last Name

Morris

First name

James

M.I.

A.

B. Title

Director Human Resources

C. Signature

James G. Morris

D. Date of signature

0313119181  
Month Day Year



EPA ID NO: W V D 9 88 7 76 8 52



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

**FORM**  
**GM**

## WASTE GENERATION AND MANAGEMENT

**Instructions:** Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b> A. Waste description (page 12) <p style="text-align: center;"><b>Stripping Waste Water</b></p>			
<b>B. EPA hazardous waste code</b> (page 12) <del>F 0 0 2</del> <del>D 0 0 6</del> <del>D 0 0 7</del> <del>D 0 0 8</del> <b>N/A</b>		<b>C. State hazardous waste code</b> (page 13) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<b>D. SIC code</b> (page 13) <b>3 7 2 1 8</b>	<b>E. Origin code</b> (page 13) <b>1</b> System Type <b>M N/A</b>	<b>F. Source code</b> (page 14) <b>A 0 1 1</b>	<b>G. Point of measurement</b> (p. 14) <b>1</b>
		<b>H. Form code</b> (page 14) <b>B 1 0 1</b>	<b>I. RCRA-radioactive mixed</b> (page 14) <b>2</b>

<b>Sec. II</b>	A. Quantity generated in 1997 (page 15)  [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] . [ ]	B. UOM <u>[ 1 ]</u> (page 15) Density     [ ][ ] . [ ][ ]  □ 1 lbs/gal □ 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
			□ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>
On-site process system type (page 16)  [ M ][ ][ ][ ]		Quantity treated, disposed, or recycled on site in 1997 (page 16)  [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] . [ ]	On-site process system type (page 16)  [ M ][ ][ ][ ]
			Quantity treated, disposed, or recycled on site in 1997 (page 16)  [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] . [ ]

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) 0 1 1 0 0 2 0 2 7 3 8 1 9	C. System type shipped to (p. 17) M 1 3 4	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 0 0 0 9 5 2 3 3 8 0 <sup>pounds</sup>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _ _ _ _ _	C. System type shipped to (p. 17) M _ _ _ _	D. Off-site availability code (page 17) _	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _ _ _ _ _	C. System type shipped to (p. 17) M _ _ _ _	D. Off-site availability code (page 17) _	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _

Comments: comment;

EPA ID NO: W VD 98 8 76 6 8 52



1997 Hazardous Waste Report

**FORM  
GM**

## WASTE GENERATION AND MANAGEMENT

Sec. I		A. Waste description (page 12)			
Stripper Solids					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
<u>F 00 2</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			<u>          </u> <u>          </u>		
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
<u>3 7 28</u>	<u>1</u> System Type <u>M N/A</u>	<u>A 0 1</u>	<u>1</u>	<u>B 20 3</u>	<u>2</u>

Sec. II	A. Quantity generated in 1997 (page 15) _____ . ____		B. UOM <u>1</u> (page 15) Density _____ . ____ <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
	ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <u>M</u> _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____ . ____		On-site process system type (page 16) <u>M</u> _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____ . ____	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>G A I D 0 9 3 3 8 0 8 1 4</u>	C. System type shipped to (p. 17) <u>M 0 6 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>0 0 0 0 1 3 0 2 . 3</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>  </u>	C. System type shipped to (p. 17) <u>M  </u>	D. Off-site availability code (page 17) <u>  </u>	E. Total quantity shipped in 1997 (page 17) <u>  </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>  </u>	C. System type shipped to (p. 17) <u>M  </u>	D. Off-site availability code (page 17) <u>  </u>	E. Total quantity shipped in 1997 (page 17) <u>  </u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: **BOMBARDIER SERVICES CORPORATION  
DBA WEST VIRGINIA AIR CENTER**

EPA ID NO: **WIV10191818171716181512**



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GM

WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>		<b>A. Waste description (page 12)</b>	
		<b>WASTE FLAMMABLE LIQUID</b>	
<b>B. EPA hazardous waste code (page 12)</b>		<b>C. State hazardous waste code (page 13)</b>	
<b>E1003 E1005</b> <b>N/A N/A N/A</b>			
<b>D. SIC code (page 13)</b>	<b>E. Origin code (page 13)</b>	<b>F. Source code (page 14)</b>	<b>G. Point of measurement (p. 14)</b>
<b>131728</b>	<b>1</b> <b>N/A</b>	<b>119</b>	<b>1</b>
		<b>H. Form code (page 14)</b>	<b>I. RCRA-radioactive mixed (page 14)</b>
		<b>B12013</b>	<b>2</b>
<b>Sec. II</b>		<b>A. Quantity generated in 1997 (page 15)</b>	
<b>B. UOM (page 15)</b>		<b>C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)</b>	
<b>1</b>		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
<b>On-site process system type (page 16)</b>		<b>On-site process system type (page 16)</b>	
<b>Quantity treated, disposed, or recycled on site in 1997 (page 16)</b>		<b>Quantity treated, disposed, or recycled on site in 1997 (page 16)</b>	
<b>M</b>		<b>M</b>	
<b>Sec. III</b>			
<b>A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)</b>			
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
<b>Site 1</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>
	<b>G1A101019131318018114</b>	<b>M101611</b>	<b>1</b>
<b>Site 2</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>
	<b>WIV1019181110131411011</b>	<b>M101611</b>	<b>1</b>
<b>Site 3</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>
		<b>M</b>	
<b>E. Total quantity shipped in 1997 (page 17)</b>			
<b>0101010181810617</b>			
<b>010101010101071210</b>			
<b>Comments:</b>			



EPA ID NO: WVD19887661852



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report:

**FORM  
GM**

## WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) <b>Paint Filters</b>						
B. EPA hazardous waste code (page 12)		D 0 0 7		N/A		C. State hazardous waste code (page 13)		
		N/A		N/A				
D. SIC code (page 13)		E. Origin code (page 13) System Type		F. Source code (page 14)		G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
3 7 28		1 M N/A		A 2 1		1	B 3 1 0	2
Sec. II		A. Quantity generated in 1997 (page 15)		B. UOM (page 15) Density		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)		
				1 □ 1 lbs/gal □ 2 sg		□ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) X □ 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1		On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		ON-SITE PROCESS SYSTEM 2		
		M				On-site process system type (page 16)		
						Quantity treated, disposed, or recycled on site in 1997 (page 16)		
						M		
Sec. III		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)						
		X 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
	M I D 0 0 9 6 9 6 3 1 9 4	M 0 4 3	1	0 0 0 0 0 1 8 1 0				0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
		M						
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
		M						
Comments:								

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: **BOMBARDIER SERVICES CORP.**  
**DBA WEST VIRGINIA AIR CENTER**

EPA ID NO: **WV 0918181716181512**



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1997 Hazardous Waste Report

**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <b>OH 010121012171318119</b>	B. Name of off-site installation or transporter <b>CHEMICAL WASTE MANAGEMENT, INC.</b>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street <b>3956 STATE ROUTE 412</b> City <b>VICORY</b> State <b>OH</b> Zip <b>44341-6141</b>
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter <b>PA 0101131812181417</b>	B. Name of off-site installation or transporter <b>McCUTCHEON ENTERPRISES, INC.</b>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <b>N/A</b> City _____ State _____ Zip _____
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <b>GA 0101913131810181114</b>	B. Name of off-site installation or transporter <b>CHEMICAL CONSERVATION OF GA</b>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street <b>1612 JAMES P. ROGERS CIRCLE</b> City <b>VALDOSTA</b> State <b>GA</b> Zip <b>31160-1111</b>
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter <b>OH 0101019181615181215</b>	B. Name of off-site installation or transporter <b>DART TRUCKING CO., INC.</b>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City <b>N/A</b> State _____ Zip _____
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter <b>MI 0101916191613111914</b>	B. Name of off-site installation or transporter <b>CHEM MET SERVICES</b>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City <b>N/A</b> State _____ Zip _____
Comments:		

EPA ID NO: WYN988776852



1997 Hazardous Waste Report

FORM  
01

## OFF-SITE IDENTIFICATION

**Instructions:** Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <b>MI D 09 6 96 3 1 9 4</b>	B. Name of off-site installation or transporter <b>CHEM-MET SERVICES, INC.</b>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <b>18550 ALLEN ROAD</b> City <b>WYANDOTTE</b> State <b>MI</b> Zip <b>48191-2111</b>	

Site 2	A. EPA ID No. of off-site installation or transporter TILID 984908202	B. Name of off-site installation or transporter SAFETY-KLEEN CORP.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ N/A _____ State ____ Zip _____ - _____	

Site 3	A. EPA ID No. of off-site installation or transporter <b>W V D 0 8 1 0 3 4 1 0 1</b>	B. Name of off-site installation or transporter <b>SAFETY-KLEEN CORP.</b>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> SDR facility	D. Address of off-site installation Street <b>10 INDUSTRIAL PARK DRIVE</b> City <b>WHEELING</b> State <b>W V</b> Zip <b>2 6 1 0 1 0 3</b>	

Site 4	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <div><div></div><div></div></div> Zip <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> - <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

Site 5	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> Zip <div></div> - <div></div>	

**Comments:**

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV 26330</b>		6. US EPA ID Number <b>P A D 0 1 3 8 2 6 8 4 7</b>		A. State Manifest Document Number <b>SAME</b>		B. State Generator's ID <b>SAME</b>	
4. Generator's Phone ( <b>304</b> ) <b>842-6300</b>		8. US EPA ID Number		C. State Transporter's ID <b>PAAH 0130</b>		D. Transporter's Phone <b>412-568-3623</b>	
5. Transporter 1 Company Name <b>McCatehoun Enterprises, Inc</b>		10. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name				G. State Facility's ID		H. Facility's Phone <b>419-547-7791</b>	
9. Designated Facility Name and Site Address <b>Chemical Waste Management, Inc 3956 State Route 412 Vickery, Ohio</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. <b>HQ Hazardous Waste Liquid, H.O.S., 9, HA3082, III (Water, Methylene Chloride, Chromium, Cadmium, Lead)</b>		001 T T		0.5000		G	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above <b>Work Order # 374168</b>		K. Handling Codes for Wastes Listed Above <b>Y002 D006 D007 D008</b>					
15. Special Handling Instructions and Additional Information <b>Use Gloves and Goggles Approval Code AC3174 Emergency (412) 3623</b>		<p style="text-align: center;"><b>AGENCY DISPLAY OF ESTIMATED BURDEN</b></p> <p><small>"Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."</small></p>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.							
<p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>							
Printed/Typed Name <b>ROBERT WRIGHT</b>				Signature <i>Robert Wright</i>		Month Day Year <b>06 03 97</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name <b>Island Marshall</b>				Signature <i>Island Marshall</i>		Month Day Year <b>06 03 97</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19							
Printed/Typed Name <b>Mary F...</b>				Signature <i>Mary F...</i>		Month Day Year <b>06 03 97</b>	

a. RQ =	c. RQ =	EMERGENCY NUMBER OR LOCAL OPERATOR EMERGENCY CONTACT:	Class 9	RESPONSE GUIDE NUMBER	c.	d.
b. RQ =	d. RQ =	CHEMTREC (800) 424-9300				

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Form Approved OMB No 2050-0039 Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No W V 12 19 8 8 17 17 16 13 15 12 10 10 11 12 15		Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330		A. State Manifest Document Number		B. State Generator's ID		C. State Manifest Document Number	
4 Generator's Phone (304) 842-6300		6 US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone	
5 Transporter 1 Company Name McCabe Enterprises, Inc		8 US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
7 Transporter 2 Company Name		10 US EPA ID Number		G. State Facility's ID		H. Facility's Phone	
9 Designated Facility Name and Site Address Chemical Waste Management, Inc. 3956 State Route 412 Vickery, Ohio		12 Containers No Type		13 Total Quantity	14 Unit Wt/Vol	I. Waste No.	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		a. BQ Hazardous Waste Liquid, N.O.S., 9, NA3082, III (Water, Methylene Chloride, Chromium, Lead)		001	TT	94900	G P002 D006 D007 D008
b.		c.		d.			
J. Additional Descriptions for Materials Listed Above Work Order # 379445		K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information Use Gloves and Goggles Approval Code AC3174 Emergency (412) 568-3623		AGENCY DISPLAY OF ESTIMATED BURDEN "Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBERT WRIGHT		Signature Robert Wright		Month Day Year 10 26 1997			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Leland Marshall		Signature Leland Marshall		Month Day Year 10 26 1997	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19							
Printed/Typed Name M. A. ...		Signature		Month Day Year 10 27 1997			

RD \$ 5000; 1000; 100; 10; 1		RESPONSE CENTER (800) 424-8802, AND 911	PROVIDED	RESPONSE GUIDE NUMBER		31	
a. RO 10	c. RO =	EMERGENCY NUMBER OR LOCAL OPERATOR	Class 9	c.		d.	
b. RO =	d. RO =	EMERGENCY CONTACT:					
		CHEMTREC (800) 424-9300					

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Form Approved OMB No. 2050-0039. Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No WV 098877685200129		Manifest Document No 2 Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address <b>West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330</b>				A. State Manifest Document Number <b>SAME</b>			
4 Generator's Phone (304) 542-6300				B. State Generator's ID <b>SAME</b>			
5 Transporter 1 Company Name <b>McDutcheon Enterprises, Inc.</b>		6 US EPA ID Number <b>PAD013826847</b>		C. State Transporter's ID <b>PHANC150</b>		D. Transporter's Phone <b>412-568-3623</b>	
7 Transporter 2 Company Name		8 US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9 Designated Facility Name and Site Address <b>Chemical Waste Management, Inc 3956 State Route 412 Vickery, Ohio 43464</b>		10 US EPA ID Number <b>OH D020273819</b>		G. State Facility's ID		H. Facility's Phone <b>419-547-7791</b>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12 Containers No Type		13 Total Quantity	
a. <b>HQ Hazardous Waste Liquid, H.O.S., 9, NA3082, III (Water Methylene Chloride, Chromium, Cadmium, Lead)</b>				201 T T		249.50 G	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above <b>Work Order #386264</b>				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <b>Use Gloves and Goggles Approval Code #AC3174 Emergency (412) 568-3623</b>				AGENCY DISPLAY OF ESTIMATED BURDEN "Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name <b>ROBERT WRIGHT</b>				Signature <i>Robert Wright</i>		Month Day Year <b>10/1/97</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>Leland Marshall</b>				Signature <i>Leland Marshall</i>		Month Day Year <b>10/1/97</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <i>[Signature]</i>							
Signature <i>[Signature]</i>				Month Day Year <b>10/1/97</b>			

Generation

a. RQ = 10		c. RQ =		RESPONSE CENTER (800) 424-8802, AND (911)		PROVIDED		RESPONSE GUIDE NUMBER		31	
b. RQ =		d. RQ =		EMERGENCY NUMBER OR LOCAL OPERATOR		Class 9		c.		d.	
				EMERGENCY CONTACT:							
				CHEMTREC (800) 424-9300							

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Form Approved OMB No 2050-0039 Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>				1 Generator's US EPA ID No W V D 9 8 8 7 7 6 8 5 2 0 8 1 3 0				Manifest Document No 2 Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3 Generator's Name and Mailing Address West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330								A. State Manifest Document Number SAME							
4 Generator's Phone (304) 842-6300								B. State Generator's ID SAME							
5 Transporter 1 Company Name McCabe Enterprises, Inc.								C. State Transporter's ID							
6 US EPA ID Number P A D 0 1 3 8 2 6 8 4 7								D. Transporter's Phone 412-568-3623							
7 Transporter 2 Company Name								E. State Transporter's ID							
8 US EPA ID Number								F. Transporter's Phone							
9 Designated Facility Name and Site Address Chemical Waste Management, Inc. 3956 State Route 412 Vickery, Ohio 43464								G. State Facility's ID							
10 US EPA ID Number O H D 0 2 0 2 7 3 8 1 9								H. Facility's Phone 419-547-7791							
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)								12 Containers No. Type		13 Total Quantity		14 Unit Wt/Vol		15 Waste No.	
a. HQ Hazardous Waste Liquid, H.O.S., 9, HA3082, III (Water, Methylene Chloride, Cadmium, Chromium, Lead)								0 0 4 T T		0 4 6 7 7		G		P082 D006 D087 D008	
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above Work Order # 388214								K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information Use Gloves, Goggles Approval Code #AC3174 Emergency (412) 568-3623								AGENCY DISPLAY OF ESTIMATED BURDEN "Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."							
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Printed/Typed Name ROBERT WRIGHT								Signature Robert Wright				Month Day Year 10 12 19 97			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name STEVEN M CROWLEY								Signature Steven M Crowley				Month Day Year 08 23 97			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name								Signature				Month Day Year			
19. Discrepancy Indication Space															
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name DAVID M. ...															
Signature								Month Day Year							



a. RO -10	c. RO -	EMERGENCY NUMBER OR LOCAL OPERATOR	Class 9	RESPONSE GUIDE NUMBER	c. 31	d.
b. RO -	d. RO -	EMERGENCY CONTACT: CHEMTREC (800) 424-9300	Bantam			

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Form Approved OMB No 2050-0039 Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No WV D 9 8 8 7 7 6 8 5 2 0 0 1 3 1		Manifest Document No 1		2 Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3 Generator's Name and Mailing Address West Virginia Air Center P.O. Box 908-, Benedum Airport Bridgeport, WV. 26330						A State Manifest Document Number SAME							
4 Generator's Phone ( )						B State Generator's ID SAME							
5 Transporter 1 Company Name McCutcheon Enterprises Inc.						C State Transporter's ID							
6 US EPA ID Number PA D 0 1 3 8 2 6 8 4 7						D Transporter's Phone 412-568-3623							
7 Transporter 2 Company Name						E State Transporter's ID							
8 US EPA ID Number						F Transporter's Phone							
9 Designated Facility Name and Site Address Chemical Waste Management, Inc. 3956 State Route 412 Vickery, Ohio						G State Facility's ID							
10 US EPA ID Number OH D 0 2 0 2 7 3 8 1 9						H Facility's Phone 419-547-7791							
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12 Containers No Type		13 Total Quantity		14 Unit Wt/Vol		15 Waste No.	
a. RQ Hazardous Waste Liquid, N.O.S., 9, NA3082, III (Water, Methylene Chloride, Chromium, Cadmium, Lead)						001 T T		EST. 04/890		G		F002 D006 D007 D008	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above Work Order # 391121						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information Use Gloves and Goggles Emergency 412-568-3623 Approval Code #AC3174						<b>AGENCY DISPLAY OF ESTIMATED BURDEN</b> "Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."							
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations													
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Printed/Typed Name ROBERT WRIGHT						Signature Robert Wright				Month Day Year 10/9/10/97			
17 Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Kenneth L. McDaniel						Signature Kenneth L. McDaniel				Month Day Year 10/9/10/97			
18 Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19 Discrepancy Indication Space													
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													
Printed/Typed Name Markus Wilhelm						Signature Markus Wilhelm				Month Day Year 09/09/97			



RQ's - 5000/1000, 100/10, 1		RESPONSE CENTER (800) 424-8802, AND 911	PROVIDED	RESPONSE GUIDE NUMBER	
a. RQ = 10	c. RQ =	EMERGENCY NUMBER OR LOCAL OPERATOR	Class 9	c.	d.
b. RQ =	d. RQ =	EMERGENCY CONTACT:			
		CHEMTREC (800) 424-9300			

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039 Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No WV D 9 8 8 7 7 6 8 5 2 0 0 1 3 5		Manifest Document No		2 Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330				A. State Manifest Document Number SAME					
4 Generator's Phone ( ) 304-842-6300				B. State Generator's ID SAME					
5 Transporter 1 Company Name McCutecheon Enterprises, Inc				6 US EPA ID Number P A D 0 - 3 8 2 6 8 4 7		C. State Transporter's ID			
7 Transporter 2 Company Name				8 US EPA ID Number		D. Transporter's Phone 412-568-3623			
9 Designated Facility Name and Site Address Chemical Waste Management Inc. 3956 State Route 412 Vicksburg, Ohio				10 US EPA ID Number O E D 0 2 0 2 7 3 8 1 9		E. State Transporter's ID			
						F. Transporter's Phone			
						G. State Facility's ID			
						H. Facility's Phone 419-547-7791			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12 Containers No Type		13 Total Quantity		14 Unit Wt/Vol	
a. RQ Hazardous Waste Liquid, W.O.S., 9, NA3082, III (Water, Methylene Chloride, Cadmium, Chromium, Lead)				1 1 TT		0 4 7 9 1 6		G	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above Work Order # 399586				K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information Use Gloves, Goggles Approval Code #AC3174 Emergency (412) 568-3623				AGENCY DISPLAY OF ESTIMATED BURDEN "Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."					
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Printed/Typed Name ROBERT WRIGHT				Signature Robert Wright		Month Day Year 10 17 91			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19									
Printed/Typed Name M. J. P. ...				Signature M. J. P. ...		Month Day Year 11 11 91			

Form Approved OMB No. 2050-0039 Expires 9-30-94

Form Approved OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address		West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330		A. State Manifest Document Number SAME		
4 Generator's Phone ( )		304-842-6300		B. State Generator's ID SAME		
5 Transporter 1 Company Name		McCutecheon Enterprises, Inc		C. State Transporter's ID PAH40170		
6 Transporter 1 US EPA ID Number		PAD013826847		D. Transporter's Phone 412-547-7391		
7 Transporter 2 Company Name				E. State Transporter's ID		
8 Transporter 2 US EPA ID Number				F. Transporter's Phone		
9 Designated Facility Name and Site Address		Chemical Waste Management, Inc 3956 State Route 412 Vickery, Ohio		G. State Facility's ID		
10 Facility US EPA ID Number		OH D020273819		H. Facility's Phone 419-547-7791		
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No	Type	13 Total Quantity	14 Unit Wt/Vol	I. Waste No.
a. RQ Hazardous Waste Liquid, N.O.S., 9, NA3082, III (Water, Methylene Chloride, Cadmium, Chromium, Lead)		1	TT	FT 04/200	3	FO02 D006 D007 D008
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
Work Order #						
15 Special Handling Instructions and Additional Information		AGENCY DISPLAY OF ESTIMATED BURDEN				
Use Gloves, Goggles Approval Code #AC3174 Emergency (412) 568-3623		*Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.				
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford						
Printed/Typed Name		Signature		Month Day Year		
Robert Wright		Robert Wright		10/10/5798		
17 Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
Leeland Marshall		Leeland Marshall		11/10/1997		
18 Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19 Discrepancy Indication Space						
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						
Printed/Typed Name		Signature		Month Day Year		
Paul Winters		Paul Winters		11/11/1997		

RQ <u>10</u> RQ = RQ =	c. RQ = d. RQ =	RESPONSE CENTER (800) 424-8802, AND EMERGENCY NUMBER OR LOCAL OPERATOR EMERGENCY CONTACT: CHEMTREC (800) 424-9300	Class 9	RESPONSE GUIDE NUMBER	c. d.
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Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039 Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No WV D 9 8 8 7 7 6 8 5 2 0 0 1 4 0		2 Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330 304-842-6300		6 US EPA ID Number P A D 0 1 3 8 2 6 8 4 7		A. State Manifest Document Number SAME		B. State Generator's ID SAME	
4 Generator's Phone ( ) 304-842-6300		7 Transporter 1 Company Name McCutcheon Enterprises, Inc.		8 US EPA ID Number P A D 0 1 3 8 2 6 8 4 7		C. State Transporter's ID D. Transporter's Phone 412-568-3623	
5 Transporter 2 Company Name _____		9 Designated Facility Name and Site Address Waste Management OF Ohio, Inc 3956 State Route 412 Vickery, Ohio 44643444		10 US EPA ID Number O H D 0 2 0 2 7 3 8 1 9		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone 419-547-7791	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12 Containers No. Type	13 Total Quantity	14 Unit Wt/Vol	I. Waste No.
a. RQ Hazardous Waste Liquid, N.O.S., 9, NA3082, III (Water, Methylene Chloride, Cadmium, Chromium, Lead)				001 TT	05310	G	F002 D006 D007 D008
b. _____							
c. _____							
d. _____							
J. Additional Descriptions for Materials Listed Above Work Order #427165				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Use Gloves, Goggles Approval Code #As3174 Emergency (412) 568-3623				AGENCY DISPLAY OF ESTIMATED BURDEN "Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Robert Wright				Signature Robert Wright		Month Day Year 10/31/98	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Steven M. Conkey				Signature Steven M. Conkey		Month Day Year 10/31/98	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name _____				Signature _____		Month Day Year _____	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Marcelene Wilhelm							
Signature Marcelene Wilhelm				Month Day Year 10/31/98			

a. RQ = 10	c. RQ =	EMERGENCY NUMBER FOR LOCAL OPERATOR	Class 9	RESPONSE GUIDE NUMBER	c.	d.
b. RQ =	d. RQ =	EMERGENCY CONTACT: CHEMTREC (800) 424-9300				

Please print or type (Form designed for use on elite (12-pitch) typewriter)

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No W V D 9 8 8 7 7 6 8 5 2 0 0 1 4 1		Manifest Document No 1		2 Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address West Virginia Air Center P.O. Box 908, Benedum Airport Bridgeport, WV. 26330		A State Manifest Document Number SAME		B. State Generator's ID SAME		C. State Transporter's ID		D. Transporter's Phone 412-568-3623	
4 Generator's Phone ( ) 304-842-6300		5 Transporter 1 Company Name McCutcheon Enterprises, Inc		6 US EPA ID Number P A D 0 1 3 8 2 6 8 4 7		E. State Transporter's ID		F. Transporter's Phone	
7 Transporter 2 Company Name		8 US EPA ID Number		9 Designated Facility Name and Site Address Waste Management Of Ohio, Inc 3956 State Route 412 Vickery, Ohio 43464		10 US EPA ID Number O H D 0 2 0 2 7 3 8 1 9		G. State Facility's ID H. Facility's Phone 419-547-7791	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No Type		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.	
a. RQ Hazardous Waste Liquid, N.O.S., 9, NA3082, III (Water, Methylene Chloride, Cadmium, Chromium, Lead)		001 TT		Est 04890		G		F002 D006 D007 D008	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above Work Order # 431870		K. Handling Codes for Wastes Listed Above							
15. Special Handling, Instructions and Additional Information Use Gloves, Goggles Approval Code #AC3174 Emergency 412-568-3623		<p>AGENCY DISPLAY OF ESTIMATED BURDEN</p> <p>"Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PH-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."</p>							
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Printed/Typed Name ROBERT WRIGHT		Signature Robert Wright		Month Day Year 10/4/23/98					
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Kenneth L. McAndrews		Signature Kenneth L. McAndrews		Month Day Year 10/4/23/98					
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name		Signature		Month Day Year					
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19									
Printed/Typed Name MARY Post		Signature Mary Post		Month Day Year 04/23/98					

# LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

Generator Name: West Virginia Air Center

Manifest Doc. No. 00140

CWM Profile Number: AC3174-VCK

State Manifest No. \_\_\_\_\_

1. Is this waste a non-wastewater or a wastewater? (See 40 CFR 268.2) Check ONE: ☐ Non Wastewater ☒ Wastewater
2. If this waste is subject to any California List restrictions enter the letter from below (either A, B1, or B2) next to each restriction that is applicable:  
☒ A. HOCs, ☐ PCBs, ☐ Acid, ☐ Metals, ☐ Cyanides.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Also check which treatment standards apply. Spent solvent and California List treatment standards are listed on the back of this form. If F039, multi-source leachate applies, those standards must be attached by the generator.

R I F	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY		6. APPLICABLE TREATMENT STANDARDS			7. HOW MUST THE WASTE BE MANAGED ENTER THE LETTER FROM BELOW
		ENTER THE SUBCATEGORY DESCRIPTION IF NOT APPLICABLE SIMPLY CHECK NONE		6 a - PERFORMANCE BASED CHECK AS APPLICABLE		6 b - SPECIFIED TECHNOLOGY IF APPLICABLE ENTER THE 40 CFR 268.42 TABLE T TREATMENT CODE(S)	
		DESCRIPTION	NONE	268.41(a)	268.43(a)	268.42(a)	
1	F002		X		X		A
2	D006		X	X			A
3	D007		X	X			A
4	D008		X	X			A
5							
6							
7							
8							
9							
10							

To list additional USEPA waste code(s) and subcategory(s), use the supplemental sheet provided (CWM 2001-B) and check here ☐

**HOW MUST THE WASTE BE MANAGED?** In column 7 above, enter the letter (A, B1, B2, B3, C, or D) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter B1, B2, B3, or D, you are making the appropriate certification as provided below.

## A. RESTRICTED WASTE REQUIRES TREATMENT

This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D, 268.32, or RCRA Section 3004(d).

### B.1 RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

### B.2 RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

### B.3 GOOD FAITH ANALYTICAL CERTIFICATION - FOR INCINERATED ORGANICS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264 Subpart O or Part 265 Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

## C. RESTRICTED WASTE SUBJECT TO A VARIANCE

This waste is subject to a national capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 7 above.

## D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I have determined that this waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D and an applicable prohibition level set forth in Section 268.32 or RCRA Section 3004(d), and therefore, can be land-disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage and disposal facility named above. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certification, including the possibility of a fine and imprisonment."

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature

*Robert Wright*

Title

*Supervisor*

Date

*3-26-98*

INSPECTION DATE  
5-12-98

Attachment No. 3

**EPA GENERATOR CHECKLIST**

Name of Facility: Bombardier Service Corp. WV Air Center  
Address of Facility: 2400 Aviation Way, Benedum Airport  
P.O. Box 980, Bridgeport, WV 26330

EPA I.D. Number: WVD 988776852

Name/Title of Facility Representative: Alice Yearego - Administrative, Safety,  
Environmental & Facility

**I. General**

1. Provide a brief description of the type of operation(s) that produces hazardous waste at this facility:

The facility refinishes aircraft. Phosphoric acid paint stripper  
is now used to strip aircraft. Prior to April 1987 methylnp  
chloride was the paint stripper.

2. Does the facility perform the following on-site:

- a. storage (>90 day) of hazardous waste?    yes    (no)  
b. treatment of hazardous waste?    yes    (no)  
c. disposal of hazardous waste?    yes    (no)

(if yes, complete appropriate TSD checklists)

List the maximum amount of each type of hazardous waste generated on a monthly basis and the amount accumulated on-site at the time of the inspection.

	Waste Code	Amount Generated	Amount Accumulated
1997	Acid D002	29,235 gal (1997)	"0"
	F002	330 gal	

The spent formic acid stripper <sup>and wash water</sup> generated on after April, 1997 amounted to 29,235 gallon and was incorrectly identified on the manifests. It was identified as Methylene Chloride (F002). This waste was manifested to chemical waste management located in Vicksburg, Ohio. ID # OH.D020273819

261.4

3. Is the facility subject to any exclusions for it's hazardous waste? yes ☒ no

If yes, list the waste and basis for exclusion:

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---



---



---



---

**WASTE MINIMIZATION:**

**WHAT HAS BEEN DONE FACILITY WIDE TO REDUCE THE VOLUME AND OR TOXICITY OF THE WASTES GENERATED?**



262.11(c)

4. Does the facility generate any characteristic hazardous waste? ☒ yes ☐ no

If yes, describe how these characteristics were determined (i.e., testing or knowledge of process/materials used).

Formic acid Paint Stripper - D002

5. Does the facility contemplate any changes in its operation from a hazardous waste generation or management perspective? ☒ no ☐ yes

not since they discontinued the use of methylene chloride.

If yes, describe:

## II. Manifest

Complete this section only if facility ships hazardous waste off-site.

262.20(a)

1. Does the facility use the Uniform Hazardous Waste Manifest? ☒ yes ☐ no

If no, explain manifest system used:

If yes, review a representative number of manifests and indicate whether they contain:

a. Generator's name, mailing address, telephone number and EPA ID number? ☒ yes ☐ no

b. Transporter's name and EPA ID number? ☒ yes no

✓ c. DOT waste description, including proper shipping name, hazardous waste class and DOT identification number?

yes ☒ no

Correct for methyl chloride,  
Incorrect for phosphoric acid

d. Number and type of containers (if applicable)?  
yes no

e. Quantity of each waste transported? ☒ yes no

f. Name, EPA ID number and site address of facility designated to receive the waste? ☒ yes no

g. The following certification? ☒ yes no

"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labelled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and environment."

262.23(a)

2. Did the generator:

a. Sign and date the manifest? ☒ yes no

b. Obtain the handwritten signature and date of acceptance from the initial transporter? ☒ yes no

c. Ensure that return copies of the manifest from the designated TSD facility were properly signed and dated?  
☒ yes no

d. Retain a copy of the signed manifest for at least three years? ☒ yes no

The inspector should obtain copies of any manifests that are found to have problems.

### III. Pre-Transport Requirements

Manifest System

Complete this section only if facility ships hazardous waste off-site.

1. Identify the name and address of off-site facilities which have received waste from this generator.

Name: Chemical Waste Management

Address: 3956 State Route 412  
Vickery, Ohio

I.D. No. DHD 050273819

Name: Chem. Service INC

Address: 18550 Allen Road  
Wyandotte, MI 48192

I.D. No. MTD 096963194

Name: Chemical Conservation of Georgia, INC

Address: 1612 James P. Rodgers Circle  
Valdosta, GA 31601

I.D. No. GAD093380814

Complete this section only if the facility ships hazardous waste off site.

1. Is there any indication that the facility is:

262.30

a. Not packaging its waste in accordance with DOT regulations (49 CFR Parts 173, 178 and 179)?

yes no

262.31

b. Not labelling each package in accordance with DOT regulations (49 CFR Part 172)? yes no

262.32(a) & (b)

c. Not marking each container of 110 gallons or less with the words "hazardous waste -----" or each package of hazardous waste in accordance with DOT regulations (49 CFR Part 172)? yes no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

262.33

2. Does the facility placard or offer the transporter placards for its hazardous waste shipments? yes no

#### IV. Waste Accumulation

1. Does the facility utilize the following types of hazardous waste accumulation:

a. Satellite accumulation? yes no

b. Less than 90 day storage? yes no

Answer the following questions if the generator has satellite accumulation area(s).

262.34(c)(1)

2. Is satellite accumulation area(s) near the point of waste generation and under the control of the operator of the process actually generating the waste? yes no *Reportedly*

If no, describe: Documental problem: the container in Bay 4 was not labelled as containing hazardous waste,

262.34(c)(1)

3. Are there multiple satellite accumulation areas for any one process that generates hazardous waste?    yes    no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

262.34(c)(1)

4. Is the waste stored in container(s)?    yes    no

265.171

5. Are container(s) in good condition?    yes    no

If no, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

262.34(c)(1)(ii) satellite accumulation)

✓ 6. Are container(s) marked with the words "hazardous waste" or with other words that identify the contents?    yes    no  
CONTAINER IN Bkg 4 Not labelled.

265.173(a)

7. Are container(s) kept closed?    yes    no

265.171

8. Are any container(s) leaking?    yes    no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

262.34(c)(1)

9. Has the facility accumulated more than 55 gallons of hazardous waste or more than 1 quart of acutely hazardous waste in a satellite accumulation area?    yes    no

If yes:

**262.34(c)(2)**

a. Are the container(s) holding excess waste dated as to when accumulation began?      yes      no

b. Does the excess waste comply with the less than 90 day storage requirements (40 CFR Part 262.34(a)) within three days of the time when accumulation of such excess waste began?      yes      no

Answer the following questions if the facility has less than 90 day storage.

**262.34(a)(4)**

10. Does the facility maintain personnel training and other records required in 40 CFR Part 265.16?      yes      no

If yes, do these records include:

**265.16(d)(1)**

a. Job title for each position related to hazardous waste management and the employee filling each job?

yes      no

**265.16(d)(2)**

b. A written job description for each position?

yes      no

**265.16(d)(3)**

c. A written description of the type and amount of training that will be given to each person?

yes      no

**265.16(d)(4)**

d. Records that document that the training or job experience required by facility personnel to effectively respond to emergencies and otherwise manage hazardous waste in a proper manner has been successfully completed?

yes      no      *TRAINING Records are reportedly maintained in each employee Personnel File. Reportedly 306 employees receive TRAINING. For completeness*

**265.16(b)**

11. Have facility personnel successfully completed the required training or job experience within six months after occupying the position?      yes      no

*Possibly but Not documented*

**265.16(c)**

12. Do facility personnel take part in an annual review of the initial training requirements and update them as necessary?

yes      no      *Last Review was in 1996. Only two of the 306 employees received annual training in 1997*

**262.34(a)(4)**

13. Does the facility maintain an adequate preparedness and

*Area of Concern.*

*Preparedness*

*Prevention*

*(Contingency)*

prevention program as required in 40 CFR Part 265 Subpart C?  
yes no *The facility has a Contingency plan.*

Is the facility equipped with:

265.32(a)

a. Internal communications or alarm system? ☒ yes no

265.32(b)

b. Telephone or hand-held two-way radio? ☒ yes no

265.32(c)

c. Portable fire extinguishers or other fire control equipment, spill control equipment and decontamination equipment? ☒ yes no

265.32(d)

d. Adequate volume of water? ☒ yes no

265.33

14. Does the facility test and maintain the above equipment to assure its proper operation? ☒ yes no

265.35

15. Is there sufficient aisle space to allow the unobstructed movement of personnel and equipment to areas where hazardous waste are located in the event of an emergency? ☒ yes no

265.37(a)(1)

16. Has the facility made arrangements with local authorities to familiarize them with the layout of the facility and the nature/hazards of the hazardous waste handled at the facility?

☒ yes no *Fire Chief - Bridgeport, WV.*

262.34(a)(4)

17. Has the facility prepared a contingency plan and is it maintained at the facility? ☒ yes no

If yes, does it contain the following:

265.52(a)

a. Description of the actions that are to be taken in case of an emergency (all potential types of emergencies should be identified)? yes no *Present plan addresses facility hazards and spill emergencies among other things.*

265.52(c)

b. Description of arrangements made with local authorities? ☒ yes no *Specifies that the local Fire Chief will*

265.52(d)

c. Current list of emergency coordinators' names, addresses and phone numbers (office and home)?

☒ yes no *Specified in the plan that the PR response period will be under the authority of the Shift Supervisor. The Director, Human Resources will control the response phase.*

265.52(e)

d. List of all emergency equipment at the facility, including locations, descriptions and relevant capabilities? ☒ yes ☐ no A List is maintained but

265.52(f)

e. evacuation plan for facility personnel? ☒ yes ☐ no it is not in the contingency plan,

The inspector should obtain a copy of the facility's contingency plan if any problems are found.

265.53(b)

18. Were copies of the contingency plan submitted to local authorities that may provide emergency services? ☒ yes ☐ no Fire Chief of Bridgeport, W.V.

19. Has the facility's contingency plan ever failed in an emergency? ☐ yes ☐ no ☒ N/A Reportedly no emergency

If yes:

has occurred to date.

265.54(b)

a. Was the contingency plan immediately amended?  
☐ yes ☐ no

265.56(j)

20. If the contingency plan is implemented, does the facility record the incident in its operating log and submit a written report of the incident to the appropriate state agency?  
☐ yes ☐ no ☒ N/A would do so if implemented.

262.34(a)(1)

21. What is the method of waste storage:

Containers? ☒ yes ☐ no

Tanks? ☒ yes ☐ no

Other? ☐ yes ☒ no

If other, describe: \_\_\_\_\_

Answer the following questions if the facility uses container storage.

262.34(a)(2)&(3) All containers in the Goday area were labelled.

22. Are the container(s) marked with the words "Hazardous Waste" and the date that waste accumulation in that container begins? ☐ yes ☒ no

The container in Bay 4 (satellite accumulation area) was not labelled with the words Hazardous Waste nor were the contents otherwise identified.



262.34(a)

23. Based upon accumulation dates, have any container(s) been in storage for more than 90 days?      yes      no

If yes, the inspector should complete the appropriate TSD checklists.

265.171

24. Are container(s) in good condition?      yes      no

If no, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

265.172

25. Are container(s) made of or lined with materials which will not react with or be incompatible with the waste they are storing?      yes      no

265.173(a)

26. Are container(s) kept closed?      yes      no

265.171

27. Are any container(s) leaking?      yes      no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

265.174

28. Are container storage area(s) inspected at least weekly and is an adequate inspection record/log maintained?      yes      no

If no, explain: \_\_\_\_\_

\_\_\_\_\_

265.35 Is required aisle space maintained? \_\_\_\_\_

265.176

29. Are container(s) holding ignitable or reactive waste located at least 15 meters (50 feet) from the facility's property line?      yes      no      N/A

30. Are incompatible wastes placed in the same container(s)?      yes      no

If yes:

**265.177(a)**

a. Is there any evidence that conditions of extreme heat or pressure, fire or explosion, violent reactions or toxic emissions occurred?    yes    no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**265.177(c)**

31. Are container(s) holding incompatible hazardous waste properly separated or protected from one another while in storage?    yes    no    N/A

If no, explain: \_\_\_\_\_

\_\_\_\_\_

Answer the following questions if the facility uses tank storage.

**262.34(a)(3)**

32. Is the tank(s) labelled or clearly marked with the words "Hazardous Waste"?    yes    no    The 4x4x6 Feet tank in the sump outdoors was not labelled. The indoor tank was labelled.

**262.34(a)**

33. Is the tank marked with the date that waste accumulation begins in that tank(s) or does the facility have in its records when waste accumulation started in that tank(s)?  
yes    no

**262.34(a)**

34. Based upon accumulation dates, has the facility stored hazardous waste in its tank(s) for longer than 90 days?  
yes    no

If yes, the inspector should complete the appropriate TSD checklists.

35. Which of the following describes the type of tank(s) employed at this facility (circle the appropriate one)?

a. Indoor - not on impermeable floor

b. Indoor - on impermeable floor - 8,000 gal

c. Outdoor - above ground

d. Outdoor - in ground in 2 concrete sump.  
 $4 \times 4 \times 6 = 96 \text{ Ft}^3 \times 7.48 = 718 \text{ gallon}$

e. Outdoor - underground

36. What is the approximate age of the tank(s)?

8000 gallon tank - 6 years old, 718 gal Stainless Steel tank - 7 yrs.

265.191

37. Does the tank(s) appear to be in good condition?

yes no can't tell

If no, describe: \_\_\_\_\_

265.191

38. Is the tank(s) leaking? yes no can't tell

If yes, describe: \_\_\_\_\_

265.193

39. Is the tank(s) provided with an effective secondary containment system? yes no

If yes, describe: The 8000 gal tank has a self contained unit which should hold 100% of tank content. The 718 gal stainless steel tank is in a concrete sump. The sump should be coated with epoxy or equivalent to assure it is impervious.

265.191(a)

a. Does the facility have a written assessment reviewed and certified by an independent, qualified, registered professional engineer that attests to the tank(s)'s structural integrity? yes no NOT APPLICABLE.

Both tanks have secondary containment.

265.191(b)

40. Was a leak test performed on the tank(s)? yes no N/A

If yes, provide date of most recent test: \_\_\_\_\_

265.194(b)

41. Is the tank(s) provided with adequate controls to prevent spills and overflows (i.e., automatic feed cutoff, bypass to another unit, high level alarms, etc.)? yes no

High level alarm on the 8000 gallon tank. Visual alarm associated with sump pump in which the 718 gallon tank is located.

265.194(b)

42. Is there sufficient freeboard (2 feet) in uncovered tanks to prevent overtopping by wave or wind action or precipitation?    yes    no    N/A

265.195(a)

43. Is the tank(s) inspected each operating day?    yes    no

If yes, do inspections include:

265.195(a)(1)

a. Overfill/spill control equipment?    yes    no

265.195(a)(2)

b. Aboveground portions of the tank(s) for corrosion or releases?    yes    no    N/A

265.195(a)(3)

c. Data gathered from monitoring equipment and leak detection equipment?    yes    no

265.195(a)(4)

d. Area immediately surrounding the externally accessible portion of the tank(s) and secondary containment system for signs of erosion or releases?    yes    no    N/A

265.195(b)(1)

44. Does the facility perform annual inspections of the cathodic protection systems, if present?  
yes    no    N/A

265.195(c)

45. Does the facility properly document all of the results of its tank system inspections?    yes    no

265.196

46. Is there any indication that the facility did not properly respond to spills or leaks from a tank(s) (this would include failure to stop the spill/leak, failure to clean up spilled/leaked material, failure to minimize migration, failure to remove tank from service immediately, failure to provide notification, etc.)?    yes    no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47. Does the facility store any ignitable or reactive waste in its tank(s)?    yes    no

*corrosive (formic acid) and rinse water.*

If yes:

**265.198(a)(1)**

a. Is the waste treated, rendered or mixed before or immediately after placement in the tank(s) so that it no longer meets the definition of ignitable or reactive waste?    yes    no    *N/A*

**265.198(a)(2)**

b. Is the waste stored in such a way that it is protected from any material or conditions that may cause the waste to ignite or react?    yes    no    *N/A*

**265.198(a)(3)**

c. Is the tank(s) used solely for emergencies?  
yes    no

**265.198(b)**

d. Does the tank(s) appear to be a safe distance from the facility's property line and public thoroughfares?  
yes    no

If no, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

48. Is there any indication that incompatible wastes are being stored in a tank(s)?    yes    no

If yes:

**265.199(a)**

a. Is there any evidence that conditions of extreme heat or pressure, fire or explosion, violent reactions or toxics emissions occurred?    yes    no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Recordkeeping and Reports**

**262.42(a)(2)**

1. Does the facility prepare an Exception Report and submit it to the Regional Administrator if a signed copy of the manifest is not received within 45 days of the date the waste was

accepted by the initial transporter?      yes      no

*N/A to date*

If yes, does the Exception Report include:

a. Legible copy of the manifest?      yes      no

b. Cover letter explaining generator's efforts to locate waste and the results of those efforts?      yes      no

**262.41(a)**

2. If the facility ships any hazardous waste off-site, does it prepare a Biennial Report and submit it to the Regional Administrator by March 1 of each even numbered year?

yes      no      N/A      *The facility still submits Annual Reports*

If yes, does the Biennial Report include:

**262.41(a)(3)**

a. Name, address and EPA ID number for each off-site TSD facility to which waste was shipped during the year?

☒ yes      ☐ no

**262.41(a)(4)**

b. Name and EPA ID number of each transporter used during the year?

☒ yes      ☐ no

**262.41(a)(5)**

c. Description and quantity of each hazardous waste shipped off-site (listed by EPA ID number of each TSD facility to which was shipped)?

☒ yes      ☐ no

*The 1997 Report obtained was the correct. Only one shipment methyl chloride solids shipped.*

d. Efforts undertaken during the year to reduce the volume and toxicity of the waste generated?

☒ yes      ☒ no

**262.41(a)(7)**

e. Description of the changes in volume and toxicity of the waste actually achieved during the year?

☒ yes      ☒ no

**262.40(a)(b)(c)**

3. Does the facility retain copies of Biennial Reports, Exception Reports and test results/waste analyses for a minimum of 3 years from the date that the waste was last sent to on-site or off-site treatment, storage or disposal?

☒ yes      ☐ no

*Annual reports copy obtained.*

A d d i t i o n a l      C o m m e n t s :

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Inspector's Name: James L. Parks  
Title: Environmental Scientist  
Agency: USEPA  
Office location: Wheeling, WV  
Date of inspection: May 12, 1998

Inspector's name: Joyce Moore  
Title: Hazardous Waste Inspector  
Agency: WVDER  
Date of inspection: May 12, 1998